



Location

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| # of Items | Description of Item (s) | Approved to Donate (youth initials) | Witness Initials | Check-in Initials and Date | Check-out Initials and Date | Reason (HOL, Abscond, Transfer, purchased, gifted) |
|------------|-------------------------|-------------------------------------|------------------|----------------------------|-----------------------------|--|
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I acknowledge the above is all of my personal property that will be placed in storage or donated upon my approval.

In the event I do not claim property within three months following discharge, all items will either be destroyed or donated.

Youth's Signature

Date

FOR YOUTH TRANSITION CENTER STAFF MEMBERS ONLY

**I acknowledge receipt of the above items
(if youth absconded no need for youth's signature)**

Name

Date

Title (Check-in Staff/Inventorying Staff)

Name

Date

Title (Witness - JPO, Transportation Officer, Other Staff [Youth's Parent, Guardian, Custodian, or Representative])

☐ Donated on _____ by _____

☐ Destroyed on _____ by _____

Original: Youth's Central Office Parole File
CC: Youth, Youth's Field File, Youth's YTC File, With Property